PTO/SB/22 (07-09)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009		Docket Number (Optional) 14836-49926	
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			
Application Number 10/534,268		Filed Ap	ril 11, 2006
For Medium and Method For Measuring The Efficacy of a Tumour Therapy			
Art Unit 1643		Examiner Ka	ren A. Canella
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	Small Entity Fee	
x One month (37 CFR 1.17(a)(1))	\$130	\$65	\$65.00
Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$
Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$
Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$
Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$
X Applicant claims small entity status. See 37 CFR 1.27.			
A check in the amount of the fee is enclosed.			
Payment by credit card. Form PTO-2038 is attached.			
The Director has already been authorized to charge fees in this application to a Deposit Account.			
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to     Deposit Account Number 50-3537			
WARNING: Information on this form may become public. Credit card information should not be included on this form.  Provide credit card information and authorization on PTO-2038.			
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
x attorney or agent of record.	Registration Number	45,242	_
attorney or agent under 37 CFR 1.34.			
Registration number if acting under 37 CFR 1.34			
/Tim Tingkang Xia/		October 2	26, 2010
Signature		Date	
Tim Tingkang Xia Typed or printed name		(404) 495-3678 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
Table 4 Simon months its d			
Total of forms are	submitted.		